



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

Telephone
(860) 424-5693

Facsimile
(860) 424-4860

TDD
1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Anthony Mastroianni
HHC Regional VP, Finance
William W. Backus Hospital
326 Washington St.
Norwich CT 06360-2742

Dear Mr. Mastroianni:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for William W. Backus Hospital.

Medicaid Provider Number(s): 004041851 007228710

APR-DRG Base Rate	\$7,990.14
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.50268

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Patrick McCabe
Sr. V.P. Finance/CFO
Bridgeport Hospital
267 Grant St. P.O. Box 5000
Bridgeport CT 06610-0120

Dear Mr. McCabe:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Bridgeport Hospital.

Medicaid Provider Number(s): 004041703 007228703 007228704

APR-DRG Base Rate	\$10,879.79
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27238

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. McCabe
December 29, 2017
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Richard Braam
Chief Financial Officer
Bristol Hospital
Brewster Rd. P.O. Box 977
Bristol CT 06011-0977

Dear Mr. Braam:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Bristol Hospital.

Medicaid Provider Number(s): 004041901

APR-DRG Base Rate	\$7,759.24
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.33088

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Braam
December 29, 2017
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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Patrick Garvey
Chief Financial Officer
Connecticut Children's Medical Center
282 Washington St.
Hartford CT 06106

Dear Mr. Garvey:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Connecticut Children's Medical Center.

Medicaid Provider Number(s): 004159960

APR-DRG Base Rate	\$10,783.75
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.34208

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Garvey
December 29, 2017
Page 2 of 2

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Carolyn Freiheit
Hartford HealthCare Regional VP, Finance
The Hospital of Central Connecticut
100 Grand St. P.O. Box 100
New Britain CT 06050-4000

Dear Ms. Freiheit:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for The Hospital of Central Connecticut.

Medicaid Provider Number(s): 004041950 007228716

APR-DRG Base Rate	\$8,153.77
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.42175

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Steven H. Rosenberg
Sr. VP & CFO
Danbury Hospital
24 Hospital Ave.
Danbury CT 06810-6099

Dear Mr. Rosenberg:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Danbury Hospital.

Danbury Hospital Medicaid Provider Number(s): 004041935 007228714 007228715

APR-DRG Base Rate	\$10,262.89
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.37175

Danbury Hospital dba New Milford Hospital Medicaid Provider Number(s): 008055716

APR-DRG Base Rate	\$9,931.11
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.37175

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Paul Beaudoin
Chief Financial Officer
Day Kimball Hospital
320 Pomfret St. P.O. Box 6001
Putnam CT 06260-0901

Dear Mr. Beaudoin:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Day Kimball Hospital.

Medicaid Provider Number(s): 004041638 007228698

APR-DRG Base Rate	\$9,165.06
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.43853

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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Jeffrey Geoghegan
Chief Financial Officer
John Dempsey Hospital
263 Farmington Ave.
Farmington CT 06032-2805

Dear Mr. Geoghegan:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Dempsey Hospital.

Medicaid Provider Number(s): 004041968 007228718

APR-DRG Base Rate	\$11,406.41
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.41839

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Geoghegan
December 29, 2017
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Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Eugene J. Colucci
Vice President, Finance
Greenwich Hospital Association
5 Perryridge Rd.
Greenwich CT 06830-4697

Dear Mr. Colucci:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

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The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Greenwich Hospital.

Medicaid Provider Number(s): 004041786

APR-DRG Base Rate	\$10,325.58
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.29754

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Mr. Colucci
December 29, 2017
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Sincerely,


Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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December 29, 2017

Mark O'Neill
VP/Finance/CFO
Griffin Hospital
130 Division St.
Derby CT 06418-1377

Dear Mr. O'Neill:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Griffin Hospital.

Medicaid Provider Number(s): 004041927

APR-DRG Base Rate	\$9,338.60
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27986

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

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Mr. O'Neill
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Gerald Boisvert
Chief Financial Officer
Hartford Hospital
80 Seymour St. P.O. Box 5037
Hartford CT 06102-5037

Dear Mr. Boisvert:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Hartford Hospital.

Medicaid Provider Number(s): 004041869

APR-DRG Base Rate	\$8,787.81
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.30757

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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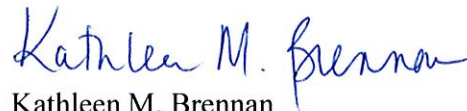
Mr. Boisvert
December 29, 2017
Page 2 of 2

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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Susan Schapp
Chief Financial Officer
Charlotte Hungerford Hospital
540 Litchfield St. P.O. Box 988
Torrington CT 06790-0988

Dear Ms. Schapp:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Charlotte Hungerford Hospital.

Medicaid Provider Number(s): 004041711 007228705

APR-DRG Base Rate	\$7,556.16
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.48890

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

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date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

David M. Bittner
Vice President & CFO
Johnson Memorial Hospital
201 Chestnut Hill Rd.
Stafford Springs CT 06076-0860

Dear Mr. Bittner:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Johnson Memorial Hospital.

Medicaid Provider Number(s): 004041687

APR-DRG Base Rate	\$7,150.20
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.51973

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Bittner
December 29, 2017
Page 2 of 2

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Seth VanEssendelft
Chief Financial Officer
Lawrence and Memorial Hospital
365 Montauk Ave.
New London CT 06320-4769

Dear Mr. VanEssendelft:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Lawrence and Memorial Hospital.

Medicaid Provider Number(s): 004041679 007228701 007228702

APR-DRG Base Rate	\$8,831.47
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.48908

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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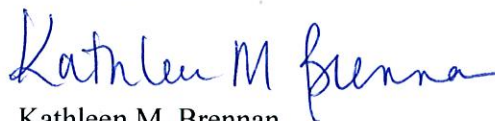
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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Michael Veillette
Senior Vice President, Finance
Manchester Memorial Hospital
71 Haynes St.
Manchester CT 06040-4188

Dear Mr. Veillette:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Manchester Memorial Hospital.

Medicaid Provider Number(s): 008069211 008069212

APR-DRG Base Rate	\$9,364.07
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.28655

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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Mr. Veillette
December 29, 2017
Page 2 of 2

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Carolyn Freiheit
Hartford HealthCare Regional VP, Finance
MidState Medical Center
435 Lewis Ave.
Meriden CT 06451

Dear Ms. Freiheit:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for MidState Medical Center.

Medicaid Provider Number(s): 004041778 007228706

APR-DRG Base Rate	\$8,282.44
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.40805

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Ms. Freiheit
December 29, 2017
Page 2 of 2

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Susan Martin
Vice President/CFO
Middlesex Hospital
28 Crescent St.
Middletown CT 06457-3650

Dear Ms. Martin:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Middlesex Hospital.

Medicaid Provider Number(s): 004041810 007228707

APR-DRG Base Rate	\$8,715.54
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.31314

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Ms. Martin
December 29, 2017
Page 2 of 2

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You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of grievance to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,

A handwritten signature in blue ink that reads "Kathleen M. Brennan". The signature is fluid and cursive, with the first name being the most prominent.

Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Laura Smith
Chief Financial Officer
Milford Hospital
300 Seaside Ave.
Milford CT 06460-4603

Dear Ms. Smith:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Milford Hospital.

Medicaid Provider Number(s): 004041794

APR-DRG Base Rate	\$7,260.48
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.35787

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Ms. Smith
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Patrick Minicus
Vice President & CFO
Norwalk Hospital
Maple St.
Norwalk CT 06856-5050

Dear Mr. Minicus:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Norwalk Hospital.

Medicaid Provider Number(s): 004041943

APR-DRG Base Rate	\$11,195.15
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.32708

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

Mr. Minicus
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

Telephone
(860) 424-5693

Facsimile
(860) 424-4860

TDD
1-800-842-4524

KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Michael Veillette
Senior Vice President, Finance
Rockville General Hospital
31 Union St.
Vernon CT 06066-3160

Dear Mr. Veillette:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Rockville General Hospital.

Medicaid Provider Number(s): 008069217

APR-DRG Base Rate	\$7,179.03
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.38671

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

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Mr. Veillette
December 29, 2017
Page 2 of 2

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,


Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

David M. Bittner
Vice President & CFO
St. Francis Hospital and Medical Center
114 Woodland St.
Hartford CT 06105-1299

Dear Mr. Bittner:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for St. Francis Hospital and Medical Center.

Medicaid Provider Number(s): 004041620 007228696

APR-DRG Base Rate	\$9,429.61
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.42922

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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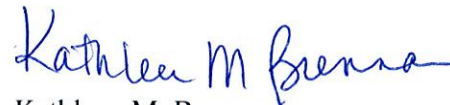
Mr. Bittner
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Chris Hayes
Chief Financial Officer
St. Mary's Hospital
56 Franklin St.
Waterbury CT 06706-1281

Dear Mr. Hayes:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for St. Mary's Hospital.

Medicaid Provider Number(s): 004041760

APR-DRG Base Rate	\$8,990.75
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.38594

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

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Mr. Hayes
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Stephen Franko
Sr. VP & CFO
St. Vincent's Medical Ctr.
2800 Main St.
Bridgeport CT 06606-4292

Dear Mr. Franko:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for St. Vincent's Medical Center.

Medicaid Provider Number(s): 004041893 007228712 007228713

APR-DRG Base Rate	\$8,417.36
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27428

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Franko
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Christian Bergeron
Chief Financial Officer
Sharon Hospital, Inc.
50 Hospital Hill P.O. Box 789
Sharon CT 06069-0789

Dear Mr. Bergeron:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Sharon Hospital.

Medicaid Provider Number(s): 008074563 008074564

APR-DRG Base Rate	\$8,982.12
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.41606

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Bergeron
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE DEPUTY COMMISSIONER

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Kevin Gage
Chief Financial Officer
Stamford Hospital
Shelburne Rd. and West Broad St. P.O. Box 9317
Stamford CT 06904-9317

Dear Mr. Gage:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Stamford Hospital.

Medicaid Provider Number(s): 004041661 007228699 007228700

APR-DRG Base Rate	\$9,059.54
Behavioral Health Per Diem Rate	\$1,125.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 956.25
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27772

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Gage
December 29, 2017
Page 2 of 2

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Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Paul Golino
Chief Financial Officer
Waterbury Hospital
64 Robbins St. P.O. Box 1590
Waterbury CT 06721-1590

Dear Mr. Golino:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Waterbury Hospital.

Medicaid Provider Number(s): 008069222

APR-DRG Base Rate	\$8,886.79
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.21500

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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Mr. Golino
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



STATE OF CONNECTICUT

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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Anthony Mastroianni
HHC Regional VP, Finance
Windham Community Memorial Hospital
112 Mansfield Ave.
Willimantic CT 06226-2040

Dear Mr. Mastroianni:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Windham Community Memorial Hospital.

Medicaid Provider Number(s): 004041828

APR-DRG Base Rate	\$8,703.49
Behavioral Health Per Diem Rate	\$ 975.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 828.75
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.77945

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

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(2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

Mr. Mastroianni
December 29, 2017
Page 2 of 2

date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes



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KATHLEEN M. BRENNAN
Deputy Commissioner

December 29, 2017

Vincent Tammaro
Sr. Vice President, Finance
Yale-New Haven Hospital
20 York St.
New Haven CT 06510-3202

Dear Mr. Tammaro:

Pursuant to and in order to comply with section 17b-239 of the Connecticut General Statutes, the Department is continuing the transition from hospital-specific All Patient Refined-Diagnosis Related Groups (APR-DRG) base rates to a state-wide rate based for the privately operated acute care hospital peer group. The transition will occur over a period of four years using a methodology that transitions to statewide base rates in increments of 25% each calendar year. This is the second year of the transition therefore the rates are 50% hospital-specific and 50% state-wide.

Pursuant to and in order to comply with section 12 of Public Act 17-4 of the June 2017 Special Session, a rate increase of 31.65% was applied effective January 1, 2018 to the APR-DRG base rate for the hospitals in the privately operated acute care hospital peer group. In addition, annual updates continue to be made for all peer groups for Indirect Medical Education (IME) and the original non-reclassified geographic wage index.

The prospective inpatient Medicaid rates are listed below effective for admissions on or after January 1, 2018 for Yale-New Haven Hospital.

Medicaid Provider Number(s): 004041836 007228708 007228709

APR-DRG Base Rate	\$9,372.86
Behavioral Health Per Diem Rate	\$1,050.00
Behavioral Health Child Discharge Delay Per Diem Rate	\$ 892.50
Rehabilitation Per Diem Rate	\$1,370.00
Cost to Charge Ratio used in Outlier Calculations	0.27164

For your reference, we have attached the rate calculations. The rate letters and calculations for all hospitals will also be available at the following link: www.ct.gov/dss/hospitalrates.

Please be advised that, pursuant to section 17b-238(b) of the Connecticut General Statutes, if you are aggrieved by this rate decision and you want to have a hearing, you must:

(1) Send a written request to the Department of Social Services **within 10 days of the date of this letter**. The 10 days are measured from the date of this letter to the date of the postmark, email or delivery of the request; **AND**

(2) Send a detailed, written description of all items of grievance **within 90 days of the date of this letter**. The 90 days are measured from the date of this letter to the

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date of the postmark, email or delivery of the detailed, written description of each specific item of aggrievement.

You must comply with both of these requirements in order to have a hearing. Please send both the 10-day letter and the detailed items of aggrievement to Theresa Messner, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 or Theresa.Messner@ct.gov.

Any questions or correspondence should be directed to Roberta Cecil of the Reimbursement and Certificate of Need unit at 860-424-5932 or Roberta.Cecil@ct.gov.

Sincerely,



Kathleen M. Brennan
Deputy Commissioner

cc: C. LaVigne
S. Ouellette
M. Gilbert
N. Holmes